

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b> <i>(See instructions on back)</i>		Approved by Office of Management and Budget. No. 50-R0183		PAGE	OF	PAGES
		<b>1. TYPE OF PAYMENT REQUESTED</b>	a. "x" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "x" the appropriate box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		<b>2. BASIS OF REQUEST</b> <input checked="" type="radio"/> CASH <input type="radio"/> ACCRUAL	
<b>3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED</b> Denali Commision		<b>4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY</b> 1471		<b>5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER:</b> 92-004-1414	<b>7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER</b>	<b>8. PERIOD COVERED BY THIS REQUEST</b> From (month, day, year)    To (Month, day, year) 01/01/2017    06/30/2017 Advance Only (month, day, year)				
<b>9. RECIPIENT ORGANIZATION</b> Name: Yukon-Kuskokwim Health Corporation Number and Street: PO BOX 528 City, State and ZIP Code: Bethel, AK 99559-0528				<b>10. PAYEE (Where check is to be sent if different than item 9)</b> Name: Denali Commission Number and Street: City, State and ZIP Code:		
<b>11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</b>						
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL		
a. Total program outlays to date <i>(As of date)</i>	\$ 4,840.00	\$	\$	\$ 4,840.00		
b. Less: Cumulative program income				0.00		
c. Net program outlays <i>(Line a minus Line b)</i>	4,840.00	0.00	0.00	4,840.00		
d. Estimated net cash outlays for advance period	0.00	0.00	0.00	0.00		
e. Total <i>(Sum of lines c &amp; d)</i>	4,840.00	0.00	0.00	4,840.00		
f. Non-Federal share of amount on line e				0.00		
g. Federal share of amount on line e	4,840.00			4,840.00		
h. Federal payment previously requested	0.00			0.00		
i. Federal share now requested <i>(line g minus line h)</i>	4,840.00	0.00	0.00	4,840.00		
j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00		
	2nd month			0.00		
	3rd month					
<b>12. ALTERNATE COMPUTATION FOR ADVANCES ONLY</b>						
a. Estimated Federal cash outlays that will be made during period covered by the advance						
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period						
c. Amount requested (Line a minus line b)				0.00		
<b>13. CERTIFICATION</b>						
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 			DATE REQUEST SUBMITTED 08/15/2017	
		TYPED OR PRINTED NAME AND TITLE Sherry Smith			TELEPHONE (AREA CODE, NUMBER, EXTENSION) 907-543-6942	
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